

Health and Family Planning Overview

ERITREA



Population:	4.5 million (BUCEN 2002)
Infant Mortality Rate:	66 (DHS 1995)
DPT3 Coverage:	48.8%, children 12–23 mos. (DHS 1995)
Nutrition:	38.4% stunting, children 0–35 mos. (DHS 1995)
Total Fertility Rate:	6.1 (DHS 1995)
Maternal Mortality Ratio:	998 (DHS 1995)
Contraceptive Prevalence Rate:	3.1%, all women, modern methods (DHS 1995)
Adult HIV Prevalence:	2.8% (UNAIDS 2001)
Current Living AIDS Orphans:	24,000 (UNAIDS 2001)
Demographic and Health Surveys:	1995
Multi-Indicator Cluster Surveys:	1995

Country Profile

Eritrea gained its independence from Ethiopia in 1993 after more than three decades of conflict and civil war. Since gaining independence, it has remained a desperately poor country, facing economic problems, drought, and war. The economy is largely based on subsistence agriculture, with 80 percent of the population involved in farming and herding. The small industrial sector consists mainly of light industries using outmoded technologies. From May 1998 to the end of 2000, Eritrea's poverty and economic weaknesses were compounded by extended drought and a border war with Ethiopia, which drained away resources and brought food shortages, manpower shortages during planting and weeding times, and loss of access to fields in border areas. The mobilization of young people into the military also robbed the country of badly needed labor and skills. New investment, both internal and foreign, and tourism ceased during the conflict. With the resolution of the conflict in late 2000, Eritrea's economic future now depends on its ability to master fundamental social and economic problems, e.g., reducing illiteracy, promoting job creation, expanding technical training, attracting foreign investment, streamlining bureaucracy, and improving the quality of and access to health care. In the long term, Eritrea may benefit from the development of offshore oil, offshore fishing, and tourism.

HIV/AIDS in Eritrea. The spread of HIV infection is also a major threat to Eritrea's socioeconomic development. The mobilization of Eritrean youth for the war with Ethiopia created a large subpopulation prone to high-risk behaviors. To address the potentially rapid spread of infection, it is necessary to expand primary prevention programs, increase capacity for HIV testing and counseling, and combat the stigma associated with HIV, one of the greatest barriers to prevention in Eritrea. In 2001, the country deepened its commitment to fighting HIV/AIDS and forged new partnerships between the government and leaders of Eritrea's four major religions. However, political instability and lack of resources remain constraints to rapid program development.

USAID Strategy

USAID's largest investment in Eritrea is in child survival and health, including HIV/AIDS and family planning. The Mission is working in three sectors – health, rural enterprise, and capacity building – that were relatively isolated from the effects of the Ethiopian conflict. Despite the difficulties of the war, Eritrea's leaders realized the need to protect critical infrastructure and the importance of working with donors and partners in these sectors. USAID is implementing an Investment Partnership with the Ministry of Health to meet critical needs in primary health care services, rural enterprise, and democratic governance. With peace now achieved, longer-term objectives can be established and pursued. In the interim, efforts to focus the attention of the Ministry and nongovernmental organizations on the development agenda will continue.

Strategic Objective: Increased use of sustainable, integrated primary health care (PHC) services by Eritreans



Intermediate Results:

- Access to integrated PHC services improved
 - Policies for PHC service delivery implemented (sub-result)
 - Capacity to manage and plan for PHC services enhanced (sub-result)
- Client demand for PHC services enhanced
- Quality of PHC services improved

Major Program Areas

HIV/AIDS. Through Population Services International and the National Union of Eritrean Youth and Students, USAID supports the Eritrean Condom Social Marketing Group and the social marketing of condoms for HIV/AIDS prevention. Extending sales of Abusalama condoms to nontraditional outlets such as bars, kiosks, and hotels has increased the accessibility of affordable condoms. The Ministry of Health is moving towards joint implementation of HIV/AIDS prevention activities with other organizations and, along with UNICEF, has taken the lead in developing an intersectoral resource mobilization plan for HIV/AIDS prevention. The plan is pending further discussions with the Ministry and other partners but is expected to complement the condom social marketing program. It will likely include behavior change communications, epidemiological surveillance, support and care for people living with AIDS, voluntary counseling and testing, treatment and prevention of sexually transmitted diseases, and strengthened training. With USAID support, Family Health International has been working with the Ministry and other partners toward strengthening Eritrea's capability and capacity to respond to the epidemic.

Health and Family Planning. The State of Eritrea Management Information System for Health was developed with USAID support and implemented in 1998. It tracks health facilities and family planning/reproductive health activities in the country's six zones. It also helps ensure the availability of essential drugs in health facilities. The Data Support System has been launched to facilitate decision making at different levels. The Mission also supports activities in salt iodization, immunizations, and malaria control. With USAID's assistance, UNICEF is procuring mobile iodization machines to enable the country to reach 100 percent salt iodization. The Roll Back Malaria (RBM) initiative was launched in July 1999 with the participation of the Ministry of Health. USAID is an RBM partner, supporting information collection, analysis, and use for improved malaria control.

Results

- The HIV/AIDS condom social marketing project was relaunched in 2001, addressing concerns about supply and quality and expanding nontraditional sales outlets in high-risk locations. Sales increased 25 percent.
- To increase the quality of and access to emergency obstetric care, 100 percent of midwives in USAID target zones have been trained in lifesaving skills.
- Polio immunization coverage reached 94 percent in 2000.
- Couple-years of contraceptive protection provided by Ministry of Health facilities in three target zones increased from 6,091 in 2000 to 7,807 in 2001. In nontarget zones, the figure decreased from 2,690 to 1,765.
- Small-scale salt producers received aid in procuring mobile iodization machines in order to increase the level of salt iodization in the country from 90 to 100 percent.
- The health management information system is operating in all health facilities in six zones throughout the country.

Major Implementing Partners

USAID/Eritrea's partners in implementing population, health, and nutrition activities include Population Services International, Family Health International, Camp Dresser & McKee Inc., University Research Co., Abt Associates, World Learning, WHO, UNICEF, the National Union of Eritrean Youth and Students, the National Union of Eritrean Women, the Eritrean Pharmaceutical Association, Africare, and John Snow, Inc.



This USAID Health and Family Planning Overview was prepared for the Bureau for Africa, Office of Sustainable Development, by the Population, Health and Nutrition Information Project (PHNIP). Questions and comments can be directed to PHNIP (info@phnip.com).

July 2002